

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90028 025 ***158.75

DOCUMENT # P97000009766

1. Entity Name
CALOOSA ENTERPRISES, INC.

Principal Place of Business

912 DOLPHIN SE
 CAPE DORAL FL 33904
 US

Mailing Address

PO BOX 100606
 CAPE CORAL FL 33910
 US

2. Principal Place of Business

5156 SUNNYBROOK COURT
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLORIDA

City & State

Zip

33904

Country

USA

Country

4. FEI Number **65-0731111**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RICE, EDWIN O JR
 912 DOLPHIN DR
 CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name
RICE, EDWIN O. JR.
 Street Address (P.O. Box Number is Not Acceptable)
5156 SUNNYBROOK COURT
 City **CAPE CORAL** **FL** Zip Code **33904**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/01

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PVT** ☐ Delete
 NAME **RICE, EDWARD D JR**
 STREET ADDRESS **912 DOLPHIN DR**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **S** ☐ Delete
 NAME **RICE, MARY V**
 STREET ADDRESS **912 DOLPHIN DRIVE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVT** ☒ Change ☐ Addition
 NAME **RICE, EDWIN O. JR.**
 STREET ADDRESS **5156 SUNNYBROOK COURT**
 CITY-ST-ZIP **CAPE CORAL, FLORIDA 33904**

TITLE **S** ☒ Change ☐ Addition
 NAME **RICE, MARY V.**
 STREET ADDRESS **5156 SUNNYBROOK COURT**
 CITY-ST-ZIP **CAPE CORAL, FLORIDA 33904**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/28/01 941-936-8153

CR2E034 (10/00)